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State Territory Name: New Hampshire

State Plan Amendment (SPA) #: 26-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

September 3, 2026

Henry Lipman
Medicaid Director
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

RE: TN 26-0004

Dear Director Lipman:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Hampshire state plan amendment (SPA) to Attachment 4.19-A NH-26-0004, which was submitted to CMS on June 22, 2026. This plan amendment updates the Disproportionate Share Hospital (DSH) Payment Adjustments payment amounts to be made for State Fiscal Year 2026 to non-public hospitals that qualify for DSH payment adjustments under the New Hampshire State Plan provisions governing inpatient hospital services payments.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903, and 1923 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), and 1923 of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of May 27, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Diana Dinh at 410-786-0744 or via email at Diana.Dinh@cms.hhs.gov.

Sincerely,



Rory Howe
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 6 — 0 0 0 4</u>	2. STATE <u>NH</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 27, 2026	
5. FEDERAL STATUTE/REGULATION CITATION SSA 1923 and 42 CFR Part 447		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>2,143,698</u> b. FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Page 5b(cont 4)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A, Page 5b(cont 4)(TN-25-0004)	
9. SUBJECT OF AMENDMENT Disproportionate Share Hospital (DSH) Payment Adjustments			
10. GOVERNOR'S REVIEW (Check One) ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL ☒ OTHER, AS SPECIFIED:			
11. SENDER'S NAME AND TITLE [REDACTED] AGENCY OFFICIAL		15. RETURN TO Jody Farwell Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301	
12. TYPED NAME Ann H. Landry			
13. TITLE Associate Commissioner			
14. DATE SUBMITTED June 22, 2026			
FOR CMS USE ONLY			
16. DATE RECEIVED June 22, 2026		17. DATE APPROVED September 3, 2026	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL May 27, 2026		19. APPROVING OFFICIAL [REDACTED]	
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe		21. TITLE OF APPROVING OFFICIAL Director, FMG	
22. REMARKS Governor's comments, if any, will follow			

(I) For State Fiscal Year 2026 each hospital shall be paid an interim payment in the amount indicated in the table below to maintain hospital stability and access to care, for a total interim distribution of \$4,287,395. Of that, \$1,282,718 will be made available to the non-profit academic medical center with a Level I Adult Trauma Center and Level II Pediatric Trauma Center and \$3,004,677 will be shared among the remaining qualifying non-critical access hospitals which shall be paid a proportionate share of their reported uncompensated care cost to maintain hospital stability and access to care.

Hospital Name	Payment
Catholic Medical Center	\$497,790
Cheshire Medical Center	\$229,989
Concord Hospital Inc.	\$454,541
Elliot Hospital	\$618,381
Exeter Hospital Inc.	\$122,145
Frisbie Memorial Hospital	\$82,710
Concord Hospital - Laconia (formerly LRGH)	\$96,876
Mary Hitchcock Memorial Hospital	\$1,282,718
Parkland Medical Center	\$75,954
Portsmouth Regional Hospital	\$214,631
Southern NH Medical Center	\$150,514
St. Joseph Hospital	\$163,742
Wentworth-Douglass Hospital	\$297,405
	\$4,287,395

3. Notwithstanding the provisions of paragraphs 1 or 2 above:

(A) if in Fiscal Year 2016 or 2017, qualifying hospitals' total aggregate uncompensated care costs, as reported to the NH Department of Health and Human Services, is less than \$350 million, the State shall pay such hospitals not less than \$175 million in DSH payments, shared among such hospitals in proportion to the amount of uncompensated care costs incurred by each such hospital relative to the total; provided that New Hampshire hospitals with a critical access designation shall continue to receive reimbursements of no less than 75% of each such hospital's uncompensated care costs; and

(B) total statewide DSH payments to hospitals qualifying under this second type of DSH payment adjustment shall not exceed \$207,184,916 in Fiscal Year 2016, \$217,271,699 in Fiscal Year 2017, \$223,829,358 in Fiscal Year 2018, \$215,083,692 in Fiscal Year 2019, \$217,498,464 in Fiscal Year 2020, \$165,144,396 in Fiscal Year 2021, \$197,116,859 in Fiscal Year 2022, \$214,188,629 in Fiscal Year 2023, \$219,987,391 in Fiscal Year 2024, \$140,484,182 in Fiscal Year 2025, and \$4,287,395 in Fiscal Year 2026. The cap amount excludes deemed DSH payments made pursuant to paragraph 1(A).